



HOME AND COMMUNITY-BASED SERVICES (HCS) and
TEXAS HOME LIVING (TxHmL)

2019 COST REPORT & 2020 ACCOUNTABILITY REPORT

– Optional Attendant Compensation Worksheet and Instructions –

NOTE: This worksheet is provided for your own information and should be retained
in your files for future reference.

Do not return it to the Health and Human Services Commission

For assistance with the completion of this worksheet, contact the
Rate Analysis Customer Information Center: RAD-LTSS@hhsc.state.tx.us

OPTIONAL WORKSHEET

All monetary calculations should be carried out to two decimal places.

PART 1 - All Participants

Enter all Attendant Staff Wages from STAIRS **Step 6.c.** Total of all Boxes for Step 6 equals Box A.

Enter all STAIRS **Step 7** expenses for Attendants. Total from Boxes D, E and F for Step 7 equals Box B.

Enter from STAIRS CR **Step 8.f.** OR AR **Step 6.a.** Contracted Day Hab - Non related Party in Box C.

PART 2A - Day Habilitation Services

Step 1: Enter all Units of Service for each applicable Period. Three Periods have been included for your convenience. Total of amounts in each period equals Box G and F.

Step 2: Enter all Day Hab Attendant Expenses from STAIRS **Step 6.c.** and STAIRS **Step 7.** Total of Boxes equals Box I.?

Step 3: Divide Total Attendant Costs from Box I by Total Units of Service from Box G Result from calculation equals Box J. This is your estimated Day Habilitation Attendant cost per unit of.

Step 4: Enter the Day Hab Participation levels for each applicable period.

Multiply units of service (period one) by your rate (attendant cost component for your level of participation) for period one, if applicable. Repeat process for each applicable period.

Add these products and enter total in Box K. Divide the amount in Box K by the Medicaid Only Units and enter the weighted average rate (attendant cost component) in Box L.

Step 5: Multiply the amount in Box L by 0.90 and enter the product in Box M.

Step 6: Subtract the amount from Box J from the amount from Box M. Enter the result in Box N.

Multiply the amount from Box N by Box H (Medicaid Only Units). Enter the result on Box O.

Step 7: Divide the amount from Box O by amount in Box K. This is your estimated Recoupment Percentage.

PART 2B - Non-Day Habilitation Services

Step 1: Enter all Units of Service for each applicable Period. Three Periods have been included for your convenience. Result from Sum of Boxes equals Box G.

Step 2: Enter all Non-Day Hab Attendant Expenses from STAIRS **Step 6.c.** and STAIRS **Step 7.** Result from Sum of Boxes equals Box I. Step 3: Divide Total Attendant Costs from Box I by Total Resident Days from Box G. Result from calculation equals Box J. This is your estimated Non-Day Habilitation Attendant cost per unit during the reporting period.

Step 4: Enter the Non-Day Hab Participation levels for each applicable period.

Multiply units of service (period one) by your rate (attendant cost component for your level of participation) for period one, if applicable. Repeat process for each applicable period.

Add these products and enter the result in Box K. Divide the amount in Box K by the Medicaid Only Units and enter the weighted average rate (attendant cost component) in Box L. Step 5: Multiply the amount in Box K by 0.90 and enter the product in Box M.

Step 6: Subtract the amount from Box I from the amount from Box M and divide by Box G (Total Units). Enter the result in Box N

Multiply the amount from Box N by Box H (Medicaid Only Units). Enter the product on Box O.

Step 7. Divide the amount from Box O by amount in Box K. This is your estimated Recoupment Percentage.

The calculated value is your ***estimated recoupment per unit of service***. Note that this estimate is based on the information reported in this Report. If this information is not accurate, your estimated recoupment will not be accurate.

Check all calculations to insure accuracy